Under the Papersock Reduction Act of 1995, his persons are required to a contain of imperious transformation of deplays a year of the Control of the Control

## **Application Number** 09/666.068 POWER OF ATTORNEY **Filing Date** 12/11/2000 OR First Named Inventor Edward L. Tobinick REVOCATION OF POWER OF ATTORNEY THE MANSITORS FOR THE TREATMENT OF MEUROLD WITH A NEW POWER OF ATTORNEY Art Unit 1814 AND Examiner Name JARVIS WILLIAM R A CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number TOBINICKS 0-009(CIP)(DIVI I hereby revoke all previous powers of attorney given in the above-identified application.

	A Power of Attorney is submitted herewith.	
$\boxtimes$	If hereby appoint Practitioner(s) associated with the lottowing Custom Number as mylour attomer(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Pail and Trademark Office connected therewith: Reproduction of the Control of t	in dent agent(s) to prosecute the application identified above, and
i	Practitioner(s) Name	Registration Number
Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number.  OR  The address associated with Customer Number:		
Addre	Firm or Individual Name 55	
City		State Zip
Count	Ty .	
Tetapi	ione	Email
	Applicant/Inventor	rith or filed on
	SIGNATURE of Applicant or a	Assignee of Record
Signa		0ate 140(00/24
Name	Edward C. Jobiniek, M.D.	Telephone 56/3539707
Title a	nd Company   President - TACT IP, LLC	
NOTE. Signatures of all the eventure or assignous of record of the entire interest or their representative(s) are required. Submit multiple forms if more train one signature is required, see below."		
$\overline{\Box}$	"Total offorms are submitted.	

The collicities of information is neceived by 37 CPR 1-31 in 32 and 1.32. The information is required to obtain on return a trends by the quality with repulsive supplication. Confidence by \$6.9 \times 0.32. The information is required to obtain on return a trends by the required supplication. Page 1.52 the supplication of the trends of the confidence of the required supplication form to the USPTO. Time will vary depending upon the individual case. Any comments on the support of the your require to completely this form analysis supplication is formation. Supplication is supplied to the supplied the first individual case. Any comments on the supplied the your require to completely this form analysis supplies to its formation. Supplies the first individual case is not transferred to the first individual case. Any comments of Trademark Office, 0.5. Department of Commence, P.O. Box 1450, Assandria, VA 23313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionaries for Patients, P.O. BOX 1450, Assandria, VA 23313-1450.